

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000001214

FILED  
Feb 24, 2006  
Secretary of State

Entity Name: CRAYMO INVESTMENT PROPERTIES, L.L.C.

**Current Principal Place of Business:**

416 LIME STREET  
NOKOMIS, FL 34275

**New Principal Place of Business:**

**Current Mailing Address:**

416 LIME STREET  
NOKOMIS, FL 34275

**New Mailing Address:**

FEI Number: 65-0855009

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KLINGBEIL AND ROBERTS, PA  
341 VENICE AVENUE WEST  
VENICE, FL 34285 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: PIETRZAK, JAMES R  
Address: 5250 HUNTING HILLS DRIVE  
City-St-Zip: ROANOKE, VA 24014

Title: MGR ( ) Delete  
Name: ROBERTS, CRAIG E  
Address: 610 DOVER BLUFF CIRCLE  
City-St-Zip: MANAKIN SABOT, VA 23103

Title: MGR ( ) Delete  
Name: D'ALUTO, RAY  
Address: 416 LIME STREET  
City-St-Zip: NOKOMIS, FL 34275

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: CRAIG ROBERTS

PRES

02/24/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date